

SERFF Tracking Number: UNUM-126463110 State: Arkansas
Filing Company: Unum Life Insurance Company of America State Tracking Number: 44701
Company Tracking Number: AE-7009
TOI: LTC03G Group Long Term Care Sub-TOI: LTC03G.001 Qualified
Product Name: Group Long Term Care
Project Name/Number: Group Long Term Care Personal Worksheet Filing/

Filing at a Glance

Company: Unum Life Insurance Company of America

Product Name: Group Long Term Care

TOI: LTC03G Group Long Term Care

Sub-TOI: LTC03G.001 Qualified

Filing Type: Form

SERFF Tr Num: UNUM-126463110 State: Arkansas

SERFF Status: Closed-Approved State Tr Num: 44701

Co Tr Num: AE-7009

State Status: Closed

Reviewer(s): Marie Bennett

Author: Jason Sirois

Disposition Date: 02/22/2010

Date Submitted: 01/27/2010

Disposition Status: Approved

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Group Long Term Care Personal Worksheet Filing

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Group Market Type: Employer, Association, Trust

Explanation for Other Group Market Type:

State Status Changed: 02/22/2010

Created By: Jason Sirois

Corresponding Filing Tracking Number:

Filing Status Changed: 02/22/2010

Deemer Date:

Submitted By: Jason Sirois

Filing Description:

Please refer to the cover letter. Thank you

Company and Contact

Filing Contact Information

Jason Sirois, Senior Contract Analyst

2211 Congress Street

C456

Portland, ME 04122

jsirois@unum.com

207-575-0986 [Phone]

423-209-3616 [FAX]

Filing Company Information

<i>SERFF Tracking Number:</i>	<i>UNUM-126463110</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Unum Life Insurance Company of America</i>	<i>State Tracking Number:</i>	<i>44701</i>
<i>Company Tracking Number:</i>	<i>AE-7009</i>		
<i>TOI:</i>	<i>LTC03G Group Long Term Care</i>	<i>Sub-TOI:</i>	<i>LTC03G.001 Qualified</i>
<i>Product Name:</i>	<i>Group Long Term Care</i>		
<i>Project Name/Number:</i>	<i>Group Long Term Care Personal Worksheet Filing/</i>		
Unum Life Insurance Company of America	CoCode: 62235	State of Domicile: Maine	
2211 Congress Street	Group Code: 416	Company Type: L&H	
Portland, ME 04122	Group Name:	State ID Number:	
(207) 575-2211 ext. [Phone]	FEIN Number: 01-0278678		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unum Life Insurance Company of America	\$50.00	01/27/2010	33825377

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Marie Bennett	02/22/2010	02/22/2010

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Disposition

Disposition Date: 02/22/2010

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Cover Letter		Yes
Form	Group Long Term Care Personal Worksheet		Yes

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Form Schedule

Lead Form Number: GLTC04

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	AE-7009	Application/ Group Long Term Enrollment Care Personal Form Worksheet	Initial			AE-7009 Generic PW.pdf



Unum Life Insurance Company of America
2211 Congress Street
Portland, Maine 04122

LONG TERM CARE INSURANCE PERSONAL WORKSHEET

Applicant Name: _____
Social Security Number: _____
Group Policy Number: _____

People buy long term care insurance for many reasons. Some don't want to use their own assets to pay for long term care. Some buy insurance to make sure they can choose the type of care they get. Others don't want their family to have to pay for care or don't want to go on Medicaid. However, long term care insurance may be expensive, and may not be right for everyone.

By state law, the insurance company must fill out part of the information on this worksheet and ask you to fill out the rest to help you and the company decide if you should buy this long term care insurance coverage.

Premium Information

The premium for the coverage you are considering will be \$ _____ per month, or \$ _____ per year.

Type of Policy - guaranteed renewable.

The Company's Right to Increase Premiums: The company has the right to increase premiums on this policy form in the future, provided it raises rates for all policies in the same class in this state.

Rate Increase History: [Unum Life Insurance Company of America has sold long term care insurance since 1988; the B.LTC policy series has been sold since 1990, the GLTC95 policy series has been sold since 1997 and the GLTC04 policy has been sold since 2005. The company has not raised its rates on these or similar policy forms in the last ten years.]

Questions Related to Your Income

How will you pay each year's premium? (check one)

☐ From My Income ☐ From My Savings/Investments ☐ My Family Will Pay

Have you considered whether you could afford to keep this coverage if the premiums went up, for example, by 20%?

What is your annual income? (check one) ☐ Under \$20,000 ☐ \$20-29,999 ☐ \$30-50,000
☐ Over \$50,000

How do you expect your income to change over the next 10 years? ☐ No change ☐ Increase
☐ Decrease

If you will be paying premiums with money received only from your income, a rule of thumb is that you may not be able to afford this coverage if the premiums will be more than 7% of your income.

Will you buy inflation protection? * ☐ Yes ☐ No

* Please refer to your enrollment form to determine if inflation protection is available.

If not, have you considered how you will pay for the difference between future costs and your daily benefit amount? ☐ My Income ☐ My Savings/Investments ☐ My Family Will Pay

The national average annual cost of care in a nursing home in [2006] was close to [\$74,460]¹, but this figure varies across the country. In ten years the national average cost would be about [\$115,512] if cost increase annually.

Please consider your elimination period. The elimination period is selected by the policyholder. Refer to your enrollment form to determine what the elimination period is.

Number of days: _____ Approximate cost \$ _____ for that period of care.

^[1] "Using Medicaid to Pay for Nursing Home Care: County Differences Emerge." Agency for Health Care Research and Quality News Release, April, 2009]

Long Term Care Personal Worksheet - Continued
Questions Related to Your Savings and Investments

How are you planning to pay for your care during the elimination period?

☐ From My Income ☐ From My Savings/Investments ☐ My Family Will Pay

Not counting your home, about how much are all of your assets (your savings and investments) worth? (check one) ☐ Under \$20,000 ☐ \$20-29,999 ☐ \$30-50,000 ☐ Over \$50,000

How do you expect your assets to change over the next ten years? (check one)

☐ No change ☐ Increase ☐ Decrease

If you are buying this coverage to protect your assets and your assets are less than \$30,000, you may wish to consider other options for financing your long term care.

In order for us to process your application, if applicable, and enrollment form, please sign and return this form to Unum Life Insurance Company of America. We may contact you to verify your answers. Employees and their spouses need not sign and return this form to us.

Disclosure Statement

Please check one

☐ The answers to the questions above describe my financial situation.

OR

☐ I choose not to complete this information. I have reviewed and signed the **Verification of Non-Disclosure of Financial Information** below.

This box must be checked

☐ I acknowledge that the carrier and/or its producer (below) has reviewed this form with me including the premium, premium rate increase history, and potential for premium increases in the future. I understand the above disclosures. **I understand that the rates for this policy may increase in the future.**

Signature of Applicant: _____ Date: _____

Applicant's Printed Name: _____ Social Security No. _____

Group Policy Number (if available): _____

Name of Employer (complete if applying through Employer offer): _____

Verification of Non-Disclosure of Financial Information

Complete if applicable

☐ Yes. I choose not to provide any financial information. I wish to purchase this coverage. Please resume review of my application.

☐ No. I have decided not to buy long term care insurance coverage at this time.

Signature of Applicant: _____ Date: _____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	
Comments:		
Attachment:		
AK Flesch.pdf		

	Item Status:	Status Date:
Bypassed - Item:	Application	
Bypass Reason:	N/A	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification	
Bypass Reason:	N/A	
Comments:		

	Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage	
Bypass Reason:	N/A	
Comments:		

	Item Status:	Status Date:
Satisfied - Item:	Cover Letter	
Comments:		
Attachment:		
AR AE-7009 PW Filing Letter.pdf		

READABILITY CERTIFICATION

COMPANY NAME: Unum Life Insurance Company of America

This is to certify that the forms listed below have achieved a Flesch Reading Ease Score of:

Form	Form Number	Flesch Score
Long Term Care Personal Worksheet	AE-7009	57.7



(Officer of Company)
Nancy H. Johnson

Vice President and Managing Counsel
Title

January 27, 2010
Date



2211 Congress Street
Portland, Maine 04122
207 575 2211
www.unum.com

January 27, 2010

RE: Unum Life Insurance Company of America
NAIC #565-62235
FEIN #01-0278678
Group Long Term Care Insurance
Personal Worksheet AE-7009

Dear Commissioner Bradford:

Enclosed for your consideration and approval is personal worksheet form AE-7009. This form is intended to replace personal worksheet form 7625-04 (6/06), approved on December 1, 2006.

The cost of care statistic has been updated to read: "*The national average annual cost of care in a nursing home in [2006] was close to [\$74,460]¹, but this figure varies across the country. In ten years the national average cost would be about [\$115,512] if cost increase annually.*" We have also updated the source materials at the bottom of the first page to read: ["Using Medicaid to Pay for Nursing Home Care: County Differences Emerge." Agency for Health Care Research and Quality News Release, April, 2009]."

We have placed brackets around statistical information, sources, and Rate Increase History. We would like to consider this variable text that can be updated without being re-filed.

Your prompt review and consideration are appreciated. Please feel free to contact me if you should have any questions regarding this submission. I can be reached at (800) 974-2266 ex. 50986 or FAX (423) 209-3616.

Sincerely,

A handwritten signature in black ink that reads "Jason L. Sirois". The signature is written in a cursive, flowing style.

Jason L. Sirois
Sr. Contract Analyst
Unum Life Insurance Company of America